United Nations E/ICEF/2003/P/L.6

Economic and Social Council

Distr.: Limited
11 April 2003
English
Original: French

For action

United Nations Children's Fund
Executive Board
Annual session 2003
2-6 and 9 June 2003
Item 6 of the provisional agenda*

Draft country programme document**

Republic of the Congo

Summary

The Executive Director presents the draft country programme document for the Republic of the Congo for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,879,000 from regular resources, subject to the availability of funds, and $7,500,000 in other resources, subject to the availability of specific purpose contributions, for the period 2004 to 2008.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

03-32212 (E) 070503

Basic data (2001 unless otherwise stated)	
Child population (millions, under 18 years)	1.6
U5MR (per 1,000 live births)	108
Underweight (%, moderate and severe, 1996-1999)*	14
Maternal mortality ratio (per 100,000 live births, 2000)**	510
Primary school enrolment and or attendance (% net, male/female)	-
Primary schoolchildren reaching grade 5 (%, 1995)	55
Use of improved drinking water sources (%, 2000)	51
Adult HIV prevalence rate (%)	7.8
Child work (%, 5-14 year olds)	
GNI per capita (US$)	700
One-year-olds immunized against DPT3 (%)	31
One-year-olds immunized against measles (%)	35

* 0-71 months.

** Preliminary United Nations Population Fund (UNFPA)/World Health Organization (WHO)/UNICEF estimates.

The situation of children and women

1. The Republic of the Congo is emerging from a prolonged social and political crisis which has wrecked its economy and dealt a setback to all the social indicators related to the Millennium Development Goals, including extreme poverty, the rising HIV/AIDS prevalence rate, the resurgence of deadly childhood diseases and school drop-out rates. The year 2002 saw the restoration of progress towards democracy with the establishment of a new constitutional regime, a constitutional referendum in January and the holding of presidential elections in March, legislative elections in June and senatorial and local elections in July. Nevertheless, the resumption of hostilities in the Pool region and the attack on Brazzaville International Airport in March 2002 posed a serious threat to the country's hard-won social and political equilibrium and undermined efforts to stabilize security. These events brought a halt to the systematic harmonization of the programming cycle, the exhaustive Common Country Assessment and the United Nations five-year development plan.

2. Over the past 10 years, the infant mortality rate and under-5 mortality rate have stagnated at 81 and 108 per 1,000 live births, respectively. Malaria, the leading cause of morbidity and mortality among children under 5 years old, acute respiratory infections and diarrhoeal diseases remain the deadliest infectious diseases. The percentage of 1-year-olds immunized against measles went from 75 per cent in 1990 to 32 per cent in 1999 and 60 per cent in 2002. Chronic malnutrition still affects over 30 per cent of children under 5 in rural areas and 15 per cent in urban areas. Anaemia strikes nearly 60 per cent of pregnant women and 80 per cent of children from 6 months to 3 years of age. Vitamin A deficiency is observed among nearly 10 per cent of women in both urban and rural areas. The prevalence of low birth weight varies from 9 to 16 per cent depending on the region, with a national average of 13 per cent. The rate of access to safe water is low, ranging from 14 per cent in rural areas to 59 per cent in urban areas in 2001. The rate of access to adequate sanitation varies between 10 and 15 per cent. Access to health care has contracted sharply owing to repeated conflicts; a recent assessment showed that only 20 per cent of health centres offer quality care.

3. Compulsory education for children from 6 to 16 years of age has been expanding since 1963. The gross enrolment rate for girls went from 38 per cent in 1960 to 100 per cent in 1978 and 121 per cent in 1984, then fell sharply to 49 per cent in 1999. Growth began in 2000, with an estimated gross enrolment rate of 78 per cent in 2002; the enrolment rate for girls, however, lagged 4 to 6 percentage points behind that of boys. This situation has been exacerbated by the current crisis in education, marked by the low performance of the educational system, owing to teachers' poverty and lack of motivation, a pupil/teacher ratio of 80 to 1, the closing of schools, especially in rural areas, a poor learning environment and parents' lack of commitment. The enrolment rate in nursery schools has stagnated at under 5 per cent.

4. In 1996 the HIV/AIDS prevalence rate reached 8 per cent. All current estimates confirm that the pandemic is spreading rapidly in urban centres. According to a survey conducted in Pointe Noire in June 2001, 38 per cent of deaths in all age groups were due to AIDS, which is now the leading cause of adult mortality (58 per cent), affecting more women than men (66 and 50 per cent, respectively). The most affected groups are adolescents and young adults because of the early age at which unprotected sex takes place. Sexual violence and mass population displacements linked to repeated armed conflicts are aggravating factors. The long period of social and political turbulence has impeded a response to the scope and spread of the pandemic.

5. The number of orphans under 15 years of age was estimated at 137,500 in 2000; of that number, 64,000, or 47 per cent, had been orphaned by AIDS. This percentage is expected to grow to 53 per cent in 2005 and to 60 per cent in 2010. These orphans' precarious living conditions are most pronounced in Brazzaville, Pointe Noire, Nkayi and Dolisie. They are often badly nourished, badly dressed and mostly uneducated. Some become heads of household and are forced to work in order to take care of their brothers and sisters; others end up in the streets, exposed to every kind of exploitation, drugs and the risk of HIV/AIDS. The legislation protecting children's rights does not guarantee inheritance rights because tradition decrees that only the brothers or nephews of the deceased are recognized as heirs. Given the limited response of the social welfare departments, the charitable sector offers only makeshift solutions in confined settings, such as orphanages and shelters.

6. The erosion of family cohesion and dysfunction among social structures have had an adverse impact on the care of vulnerable persons, particularly women, and on the harmonious development of young children and adolescents. The result is a clear increase in the number of children requiring special measures of protection. The crises of 1993 to 1999 degraded the living conditions of the population. While 70 per cent of Congolese live below the extreme poverty threshold (less than a dollar a day), the debt service, estimated at 40 per cent of the Congo's revenues, places a heavy burden on the State budget and limits investment in basic social sectors.

Key results and lessons learned from previous cooperation, 2001-2003

Key results achieved

7. The cooperation programme was carried out in 2001-2003 in a post-conflict environment in which more stable conditions had been re-established. This programme, preceded in 2000 by the emergency response programme, was marked by the resumption of regular health and education programmes, the introduction of a protection programme, and the development of a holistic approach to the rights of children and women at the institutional, civil society and community levels. Mention should be made of the major mobilization on the part of UNICEF, the agencies of the United Nations system and non-governmental organizations (NGOs) for the National Immunization Days against poliomyelitis. This mobilization made it possible to achieve immunization coverage of 635,000 and 648,500 children under 5 in 2001 and 2002, respectively. No cases of acute flaccid paralysis associated with the wild polio virus have been detected in the past two years, placing the Congo on the road to wiping out polio by 2005, as planned.

8. The conceptual framework of the Global Movement for Children provided advocacy for children's rights and for the Convention on the Elimination of All Forms of Discrimination against Women. The support generated by the Global Movement has been a valuable asset in terms of strengthening strategic interventions with partners and communities in the next cooperation programme.

9. The strengthening of basic social services has focused on: (a) in **health**: developing primary care coverage, relaunching the Expanded Programme on Immunization (EPI), making 60 per cent of the stationary centres operational and resuming efforts to combat HIV/AIDS and malaria; (b) in **nutrition**: reducing the prevalence of malnutrition by institutionalizing the treatment protocols for malnourished children in 70 per cent of the health districts; (c) in **education**: improving the learning environment through low-cost rehabilitation and equipping of 64 primary schools.

10. Effective emergency preparedness made it possible to assist over 100,000 displaced persons in the Pool region and refugees from the Democratic Republic of the Congo and the Central African Republic.

11. In the context of protection of children and women, 600 psychologists and support staff were trained; this made it possible to reorient the psychosocial rehabilitation strategy for vulnerable children (nearly 5,000 orphans) and girls and women victims of rape, using a comprehensive, community-based and individualized approach in conjunction with NGOs.

12. As part of helping to reduce mortality and morbidity from childhood diseases, 60 per cent of children were immunized against measles; all children under 5, including refugees, received three doses of polio vaccine, and all children from 6 to 59 months of age received vitamin A supplements during the National Immunization Days.

Lessons learned

13. In order to cope with the emergency resulting from the influx of displaced persons from the Pool region, UNICEF implemented a contingency and humanitarian assistance plan. This plan envisaged: (a) a rapid response in the short and medium term through the provision of health, nutritional and psychological care to 100,000 displaced persons, the distribution of basic equipment (shelters and resettlement gear) and the strengthening of health centres; (b) planning for appropriate assistance in remote areas of the Pool region as soon as safety conditions allowed. A huge humanitarian disaster was averted through good planning, supported by resource mobilization among donors at headquarters, the regional office and the Procurement Division in Copenhagen, combined on-site interventions by all partners, and the effective coordination of United Nations agencies with international and local NGOs and governmental agencies. The expertise developed in planning, on-site organization and coordination will be put to use in the new cooperation programme in the areas of emergency preparedness and coordination of development projects.

14. The development of an active and fruitful partnership, which included the signing of 15 protocols of agreement with NGOs and two Memorandums of Understanding with the World Food Programme and the United Nations Development Programme, made it possible to achieve significant results. On the basis of these agreements, strategic projects (care of children living or working on the streets, female rape victims, community development) were carried out by synergizing the comparative advantages of the partners. This partnership will be strengthened in 2004-2008 in both planning and execution in order to achieve strategic results and perpetuate the gains.

The country programme, 2004-2008

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Early childhood survival and development	1 485	2 100	3 585
Basic education	990	1 800	2 790
Protection of children and women	644	1 500	2 144
Combating HIV/AIDS	595	1 200	1 795
Communication and planning of social policies	595	600	1 195
Cross-sectoral costs	570	300	870
Total	**4 879**	**7 500**	**12 379**

Preparation process

15. The gradual normalization of the social and political situation lays the groundwork for the preparation of a regular programme in order to provide sustained support for national reconstruction. The preparation of the cooperation programme 2004-2008 was done in accordance with a results-based planning approach. The process adopted is based on the active and gradual participation of the largest number of partners at the central and local levels. The participants first familiarized themselves with the concepts of ongoing analysis of the situation of children and women, based on rights and a logical framework, and of identifying priorities, through workshops held in 5 out of 11 regions. The strategic results anticipated from the health, education, and early childhood survival, protection and development programmes were elaborated following the strategy meeting supported by the Regional Adviser with the participation of United Nations agencies. The operational planning exercises, based on the results inspired by the UNICEF medium-term strategic programme and the Millennium Development Goals, culminated in the preparation of the logical frameworks for the five programmes adopted.

Goals, key results and strategies

16. The programme goal is to contribute to ensuring respect for, recognition and realization of the rights of children, women and adolescents to survival, harmonious development and protection against major scourges (HIV/AIDS, malaria), as well as violence and discrimination.

17. The main strategic results will be to help ensure that: (a) infant-child mortality rates and maternal mortality rates are reduced by 20 per cent, so that children can live in a healthful environment and receive adequate care, enabling them to thrive and achieve optimal physical and psychomotor development; (b) 80 per cent of children finish one complete cycle of primary education with an adequate level of knowledge; (c) 40 per cent of children and women victims of violence and exclusion benefit from special measures of protection concerning their rights to identity, education, care and security; (d) the spread of HIV/AIDS among children, adolescents (from 10 to 24 years of age) and women of childbearing age is reduced, including mother-child transmission, and the survival and quality of life of those affected is improved; (e) the institutions and structures entrusted with planning and advocacy at all levels provide ongoing follow-up of the situation of children and women and the social policies which guarantee their rights.

18. The programme will consolidate the strategies developed in the previous programme with the flexibility required for it to adapt and respond to emergencies: (a) at the national level: in respect of health, routine immunization activities, vitamin A supplementation and the promotion of insecticide-treated bednets; in respect of education, supporting remedial efforts for children who have dropped out of school and literacy campaigns, particularly for women; (b) in 8 out of 11 departments selected as convergence zones (on the basis of poor health coverage, low enrolment rates for girls and a high HIV/AIDS prevalence rate) and comprising 25 districts accounting for 40 per cent of the total population, there will be a need for national capacity-building to improve the quality of health care; in respect of education, a package to promote better learning environments; in respect of protection, improving the quality of human relations through psychosocial

rehabilitation, information, awareness-raising, life skills training and civic education; (c) within the convergence zones, the participation of beneficiaries and the community development approach will be strengthened in poverty-stricken areas in order to promote child development and respect for children's rights; (d) in order to cope with emergencies, a contingency plan, updated on a regular basis, will be part of each programme.

19. The partnership involving United Nations agencies, the European Union, civil society organizations, international NGOs, universities, and so on, will be continued and integrated into advocacy activities with a view to achieving synergy between interventions, equity between regions, attention to minorities and the most vulnerable, and greater participation by women in decision-making bodies. There will also be a need to strengthen national capacities for ongoing analysis of the situation of children and women in order to build the communication, advocacy and resource mobilization components.

Relationship to national priorities and the United Nations Development Assistance Framework (UNDAF)

20. The new programme takes into account national priorities as defined in the Nouvelle Espérance Socio-Economic Programme and the Economic Orientation Plan (2004-2010), which centre on good governance, combating poverty and exclusion, and respect for the rights of children and women. It is based also on the strategic frameworks laid out in the national programmes to combat HIV/AIDS, malaria, the EPI strategic plan 2003-2007, the country's Plan for Education for All, and the UNDAF. In the context of the regional strategy for accelerated implementation of the medium-term strategic plan and the principal collective commitments of UNICEF in emergency situations, the programme will assist the Government in evaluating and updating the country's Plan of Action for Children (PANE) and strengthening the mechanisms for annual dissemination of the social assessment survey of the situation of children and women.

Relationship to international priorities

21. The new programme priorities will contribute to achieving the Millennium Development Goals of eliminating disparities between girls and boys in education; reducing the under-5 mortality rate and the transmission and spread of HIV/AIDS; eradicating violence against women and children; and protecting the most vulnerable. In the context of combating poverty, the programme will take into account the priorities of the New Partnership for Africa's Development (NEPAD) and the Poverty Reduction Strategy Paper, including investment in basic social services. The programme will assist the Government in establishing follow-up mechanisms for the Global Action Plan through the restructuring and activation of the national follow-up committee of the Global Movement for Children.

Programme components

22. The **early childhood survival and development** programme comprises four projects: immunization "plus"; child nutrition and development; treatment of childhood diseases; and safe motherhood. The main interventions will be as follows: (a) in respect of immunization "plus", immunizing at least 90 per cent of children under 1 year of age and pregnant women in order to wipe out polio and neonatal

tetanus, control measles and provide vitamin A supplements. In addition, the use of insecticide-treated bednets, oral rehydration salts and the consumption of iodized salt will be promoted in all households; (b) in the convergence zones, emphasis will be placed on improving the quality of care in cooperation with the United Nations Population Fund and the World Health Organization, particularly with regard to promoting clean deliveries, basic obstetrical care, exclusive maternal breast-feeding, weaning, supervision and monitoring of early childhood growth and development, and improving the treatment of childhood diseases; (c) in the focus areas (poverty-stricken areas), validating the integrated approach to child development in conjunction with the ministries of education, health and social welfare, along with NGOs, while providing support to communities and local associations.

23. The **basic education** programme comprises three projects: educational planning, primary education and "friends of children" schools. The main interventions will be as follows: (a) at the national level, strengthening the system of collecting and analysing school data for better monitoring of disparities with regard to girls, minorities and rural areas; (b) in all schools in the convergence zones, distributing basic teaching equipment (programmes, manuals and school supplies kits) and supporting teacher and supervisor training aimed at quality education; (c) in all schools in the focus areas, promoting the concept of "friends of children" schools with a maximum pupil-teacher ratio of 50 to 1 and community involvement in school management. Informal educational activities will focus on remedial or literacy efforts for children and youth coming from conflict areas.

24. The **protection of children and women** programme comprises three projects: protecting children's dignity, protecting orphans and vulnerable children, and rehabilitating women and children victims of violence. It will ensure that: (a) all children in conflict with the law receive adequate judicial handling and are reintegrated into society; 90 per cent of newborns are declared to the Vital Statistics Registrar and undeclared children are registered; (b) 40 per cent of orphans and vulnerable children (street children, working and handicapped children) live in a harmonious family environment and have access to a suitable education and appropriate training; (c) at least 50 per cent of children and women victims of violence, discrimination and exclusion are recognized, treated and rehabilitated, risks are prevented and such practices are socially and/or legally repressed.

25. The **combating HIV/AIDS** programme comprises two projects: prevention among young people, and prevention of mother-child transmission. The main interventions will be as follows: (a) developing and implementing a life skills programme for young people through peer educators in the schools and an integrated communication plan, particularly in the communities, with the active participation of young people and cooperation from NGOs; (b) strengthening the national strategy to prevent mother-child transmission and implementing it in integrated health and maternity centres in the convergence zones.

26. The **communication and planning of social policies** programme seeks to provide ongoing analysis of the situation of children and women and to promote the development of a broad and diversified partnership. It comprises two projects: support for planning, and communication/advocacy. The main interventions will be as follows: (a) strengthening the capacities for planning, follow-up and evaluation and establishing mechanisms for collecting, processing and analysing data on the situation of children and women at the national level and in the convergence zones.

These assessments and data form the basis for the development of mechanisms and conducting of advocacy for the implementation of measures of protection and respect for the Convention on the Rights of the Child; (b) promoting effective participation by young people through the establishment of a children's parliament; (c) planning and developing a communication and advocacy strategy leading to sustained commitment on the part of the media, political leaders, civil society and public opinion; developing a resource mobilization strategy based on the preparation of communication media and visits to donors. The Government will be requested to make a direct contribution to the UNICEF budget; Initiative 20/20 will be promoted; and contributions will be requested from civil society and private-sector partnerships for the country's priorities, namely, Congolese schools and combating malaria and AIDS.

27. In the context of implementing the cooperation programme, **cross-sectoral costs** will aim to improve the operational, logistical and management capacities of the overall country programme. In particular, they will respond to the concerns regarding national capacity-building for better management of national wealth, improved governance and procurement, which will be strengthened through monitoring missions carried out by the inspection services and the procurement monitoring unit. Regular resources will finance the costs of routine immunization activities and immunization "plus", polio eradication, the promotion of education for all with priority given to girls, support staff for the programme and the purchase of the materials and equipment needed for programme management.

Major partnerships

28. UNICEF, which was responsible for the establishment of local networks of NGOs (the Congolese Association to Combat Violence against Women and Girls, the Federation of Children and Women of the Congo, the National Network of Non-Governmental Organizations to Combat AIDS, the Coordinating Committee of Civil Society Associations and Networks of the Congo), will strengthen these networks' capacities to negotiate and intervene with other actors and donors. The 2004-2008 programme will consolidate the national partnership with NGOs in order to broaden the activities for children and women and develop innovative strategies. At the same time, UNICEF will participate in the implementation of the UNDAF, especially in the context of combating AIDS and malaria, developing actions at the community level and coordinating and harmonizing the future programming cycles of United Nations agencies. A financial commitment from the World Bank for the strategy of protecting orphans is guaranteed.

Monitoring, evaluation and programme management

29. The Government will ensure programme coordination through the Ministry in charge of the Plan. Planning, execution and monitoring of the projects will be managed jointly with the government departments, NGOs and associations concerned at the central and local levels. At the central level, the intersectoral committee composed of the executive directors of the various sectors concerned, under the coordination of the Executive Director of Planning, will produce a six-monthly report on the status of the programme. At the community level, the members of the local development committees will be authorized to ensure close monitoring of the child survival and protection activities. The annual reviews will draw upon the status reports and the on-site mission reports. A demographic and

health survey will be conducted in 2004 with support from the World Bank; should this fail to materialize, a multiple indicator cluster survey (MICS) will be carried out in 2005, and its results will be used for the 2006 mid-term review. Within UNICEF, a multidisciplinary team supervised by the programme coordinator will provide technical support for the planning and management of programmes and projects. Joint on-site visits will enable the donors to monitor and evaluate the progress made and results achieved in the execution of the projects.